Complete Summary

TITLE

Chronic obstructive pulmonary disease (COPD): the percentage of patients with COPD with a record of FeV1 in the previous 15 months.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with chronic obstructive pulmonary disease (COPD) with a record of forced expiratory volume in one second (FEV1) in the previous 15 months.

RATIONALE

Chronic obstructive pulmonary disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Oxygen therapy has been shown to prolong life in the later stages of the disease and has also been shown to have a beneficial impact on exercise capacity and mental state. Some patients respond to inhaled steroids. Many patients respond symptomatically to inhaled beta agonists and anti-cholinergics. Pulmonary rehabilitation has been shown to produce an improvement in quality of life.

The majority of patients with COPD are managed by general practitioners and members of the primary healthcare team with onward referral to secondary care when required. This measure is one of five Chronic Obstructive Pulmonary Disease (COPD) measures. The Chronic Obstructive Pulmonary Disease (COPD) set focuses on the diagnosis and management of patients with symptomatic COPD.

There is a gradual deterioration in lung function in patients with COPD. This deterioration accelerates with the passage of time. There are important interventions which can improve quality of life in patients with severe COPD. It is therefore important to monitor respiratory function in order to identify patients who might benefit from pulmonary rehabilitation or continuous oxygen therapy.

Current guidance states that there are no clear guidelines with regard to the optimum frequency of spirometry for patients with COPD and the time interval was pragmatically set at two years. However, National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 12 (Feb 2004), endorsed by the British Thoracic Society, now suggests that forced expiratory volume in one second (FEV1) and inhaler technique should be assessed at least annually for people with mild/moderate COPD (and in fact at least twice a year for people with severe COPD). The purpose of regular monitoring is to identify patients with increasing severity of disease who may benefit from referral for more intensive treatments/diagnostic review.

The Quality and Outcomes Framework (QOF) does not set specific criteria for the management of severe COPD. However, practices should identify by symptoms and regular spirometry those patients who would benefit from long-term oxygen therapy and pulmonary rehabilitation.

These measures require specialist referral because of the need to measure arterial oxygen saturation to assess suitability for oxygen therapy, and the advisability of specialist review of patients prior to starting pulmonary rehabilitation.

The long-term administration of oxygen (greater than 15 hours per day) to patients with chronic respiratory failure has been shown to increase survival and improve exercise capacity.

Referral can be to a general physician, a respiratory physician or a general practitioner (GP) with a special interest (GPwSI) in respiratory disease. It is suggested that consideration for referral should be given in patients with FEV1 of less than 50 percent predicted or in patients with disabling symptoms.

PRIMARY CLINICAL COMPONENT

Chronic obstructive pulmonary disease (COPD); spirometry testing; forced expiratory volume in one second (FEV1)

DENOMINATOR DESCRIPTION

Patients with chronic obstructive pulmonary disease (COPD)

NUMERATOR DESCRIPTION

Number of patients from the denominator with a record of forced expiratory volume in one second (FEV1) in the previous 15 months

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Chronic obstructive pulmonary disease. National clinical guideline on management of chronic obstructive pulmonary disease in adults in primary and secondary care.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with chronic obstructive pulmonary disease (COPD)*

***Note**: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
F. where a patient has not tolerated medication
G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients with chronic obstructive pulmonary disease (COPD)

Exclusions
See "Description of Case Finding" field for exception reporting.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients from the denominator with a record of forced expiratory volume in one second (FEV1) in the previous 15 months

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record
Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Payment stages: 40-70%

EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA) and NHS Employers. Quality and outcomes
framework guidance for GMS contract 2009/10. London (UK): British Medical
Association, National Health Service Confederation; 2009 Mar. 162 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

COPD 10. The percentage of patients with COPD with a record of FeV1 in the
previous 15 months.

MEASURE COLLECTION

Quality and Outcomes Framework Indicators

MEASURE SET NAME

Chronic Obstructive Pulmonary Disease (COPD)

DEVELOPER

British Medical Association
National Health Service (NHS) Confederation

FUNDING SOURCE(S)

The expert panel who developed the indicators were funded by the English Department of Health.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None for the main indicator development group.

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Apr

REVISION DATE

2009 Mar

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: British Medical Association (BMA), and NHS Employers. Quality and outcomes framework guidance for GMS contract 2008/09. London (UK): British Medical Association, National Health Service Confederation; 2008 Apr. 148 p.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

MEASURE AVAILABILITY

The individual measure, "COPD 10. The Percentage of Patients with COPD with a Record of FeV1 in the Previous 15 Months," is published in the "Quality and Outcomes Framework Guidance." This document is available from the British Medical Association Web site.

NQMC STATUS

This NQMC summary was completed by ECRI on June 30, 2006. The information was verified by the measure developer on August 11, 2006. This NQMC summary was updated by ECRI Institute on January 16, 2009. This NQMC summary was updated again by ECRI Institute on September 29, 2009. The information was verified by the measure developer on March 4, 2010.

COPYRIGHT STATEMENT

No copyright restrictions apply.

Copyright/Permission Requests

Date Modified: 4/5/2010